

General

Title

Routine prenatal care: percentage of pregnant patients who receive counseling and education at each visit as outlined in the guideline.

Source(s)

Akkerman D, Cleland L, Croft G, Eskuchen K, Heim C, Levine A, Setterlund L, Stark C, Vickers J, Westby E. Routine prenatal care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 115 p. [314 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of pregnant patients in the clinic panel, who are in the course of prenatal care, who receive counseling and education at each visit as outlined in the guideline.

Rationale

The priority aim addressed by this measure is to increase the percentage of pregnant patients or women planning pregnancy who receive timely prenatal counseling and education as outlined in the guideline.

There is near-universal agreement that prenatal care is both beneficial and cost effective. Care designed to help bring healthy babies into the world is regarded as the highest of aspirations. Yet when examined critically, not all prenatal care can be shown to demonstrably improve maternal or neonatal health.

In 1989, the Expert Panel on the Content of Prenatal Care established guidelines on the timing and

content of prenatal care, including a schedule consisting of fewer prenatal visits than traditional models provided. This reduced schedule of visits applied to women considered at low risk of adverse perinatal outcomes. Timing and focusing prenatal visits at these intervals, along with providing designated education pieces at each visit, should serve to provide a more comprehensive and satisfying prenatal program than has existed in the past.

Prenatal education is the primary tool used to transmit information to women about their pregnancies. Prenatal education serves to help reduce modifiable risk factors and to add to women's satisfaction by increasing their knowledge about pregnancy changes, fetal development, etc. Women who did not receive complete prenatal health behavior advice were 1.5 times more likely to deliver very-low-birth-weight (VLBW) infants. Adequately trained health care staff can reinforce the counseling women have received in prenatal education sessions at each prenatal visit.

Evidence for Rationale

Akkerman D, Cleland L, Croft G, Eskuchen K, Heim C, Levine A, Setterlund L, Stark C, Vickers J, Westby E. Routine prenatal care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 115 p. [314 references]

American College of Obstetricians and Gynecologists. In standards for obstetric-gynecologic services. Washington (DC): American College of Obstetricians and Gynecologists; 1989. 16 p.

Public Health Service Expert Panel on the Content of Prenatal Care. In caring for our future: the content of prenatal care: a report of the PHS expert panel on the content of prenatal care. Washington (DC): 1989.

Russell BK, Aviles M, Brion LP. Relationship between perinatal counseling and incidence of breastfeeding in an inner-city population. J Perinatol. 1999 Oct-Nov;19(7):501-4. [PubMed](#)

Sable MR, Herman AA. The relationship between prenatal health behavior advice and low birth weight. Public Health Rep. 1997 Jul-Aug;112(4):332-9. [PubMed](#)

Primary Health Components

Pregnancy; prenatal care; counseling; patient education

Denominator Description

Number of women in the clinic panel who are pregnant (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of women who receive counseling and education at each visit as outlined in the guideline (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Female (only)

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The time frame pertaining to data collection is monthly.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of women in the clinic panel who are pregnant

Population Definition: All women in the clinic panel who are in the course of prenatal care.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of women who receive counseling and education at each visit as outlined in the guideline*

*Refer to the [National Guideline Clearinghouse](#) (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Routine Prenatal Care](#) .

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Percentage of pregnant patients who receive counseling and education at each visit as outlined in the guideline.

Measure Collection Name

Routine Prenatal Care

Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

Composition of the Group that Developed the Measure

Work Group Members: Dale Akkerman, MD (*Work Group Leader*) (Park Nicollet Health Services) (OB/GYN); Carol Stark, MD (Family HealthServices Minnesota) (Family Medicine); Lori Cleland, CNP (HealthPartners Medical Group and Regions Hospital) (Family Medicine); Georgeanne Croft, CNM (HealthPartners Medical Group and Regions Hospital) (Nurse Midwifery); John Vickers, MD (HealthPartners Medical Group and Regions Hospital) (OB/GYN); Elizabeth Westby, MD (Mayo Clinic) (Family Medicine); Kris Eskuchen, MD (Northwest Family Physicians) (Family Medicine); Anna Levine, CNM (Park Nicollet Health Services) (Nurse Midwifery); Linda Setterlund, MA, CPHQ (Institute for Clinical Systems Improvement) (Clinical Systems Improvement Facilitator); Carla Heim (Institute for Clinical Systems Improvement) (Systems Improvement Facilitator)

Financial Disclosures/Other Potential Conflicts of Interest

Dale Akkerman, MD (Work Group Leader)

Medical Doctor, Ob/Gyn, Park Nicollet Health Services

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: Management of Labor guideline work group, Preventive Services guideline work group

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Lori Cleland, CNP (Work Group Member)

Certified Nurse Practitioner, HealthPartners Medical Group and Regions Hospital

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Georgianne Croft, CNM, MSN, RN (Work Group Member)

Certified Nurse Midwife, Ob/Gyn, HealthPartners Medical Group and Regions Hospital

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Kris Eskuchen, MD (Work Group Member)

Medical Doctor, Family Medicine, Northwest Family Physicians

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Anna Levine, CNM (Work Group Member)

Certified Nurse Midwife, Ob/Gyn, Park Nicollet Health Services

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: Management of Labor guideline work group

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Carol Stark, MD (Work Group Member)

Medical Doctor, Family Medicine, Family HealthServices Minnesota

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: Committee on Evidence-Based Practice

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

John Vickers, MD (Work Group Member)

Medical Doctor, Ob/Gyn, HealthPartners Medical Group and Regions Hospital

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Elizabeth Westby, MD (Work Group Member)

Medical Doctor, Family Medicine, Mayo Clinic

National, Regional, Local Committee Affiliations: None

Guideline-Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2012 Jul

Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in January 2016.

Measure Availability

Source available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

.

For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; Phone: 952-814-7060; Fax: 952-858-9675; Web site: www.icsi.org ; E-mail: icsi.info@icsi.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on February 20, 2013.

The information was reaffirmed by the measure developer on January 13, 2016.

Copyright Statement

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written

consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

Production

Source(s)

Akkerman D, Cleland L, Croft G, Eskuchen K, Heim C, Levine A, Setterlund L, Stark C, Vickers J, Westby E. Routine prenatal care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 115 p. [314 references]

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse[®] (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.